

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail.: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine Website: www.maine.gov/ethics

PHONE: 207-287-4179 FAX: 207-287-6775

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS WHO ARE LEAVING OFFICE IN 2018

2018 Calendar Year: January 1, 2018 - December 31, 2018

Check here if this statement is an amendment of a previously filed statement.

Office
District Number 29
E-mail Address KVachon 59@ 9 mull com
5:00 p.m., Tuesday, January 22, 2019.

GENERAL INSTRUCTIONS TO COMPLETE THIS FORM

- Complete all sections. If a section is not applicable, check the box labeled "None" for that section,
- A glossary is located in the back of this form.
- . If completing this form by hand, PLEASE WRITE LEGIBLY. DO NOT USE RED INK
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- . Report only specific sources of income. Dollar amounts should not be reported.
- Campaign contributions and Maine Clean Election Act payments should not be reported in this statement.
- The completed statements are posted on the Commission's website and copies are made available to the public upon request;
- Please keep a copy of this statement for your records.

IMPORTANT NOTICE: REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of incomes within 30 days of a substantial change in income, reportable liabilities, or positions of the Legislator or an immediate family member (except dependent children) that occurs in the current calendar year. (1 M.R.S.A. § 1016-G(2)(B)) Updated statement forms are available at www.maine.gov/ethics or by calling the Commission. Substantial changes include but are not limited to:

- A new employer or other source of Income that has paid the Legislator or immediate family member \$2,000 or more in the current year;
- A new reportable liability of \$3,000 or more obtained during the current calendar year;
- A new contract or other arrangement between the Legislator, immediate family member or associated organization and a State agency, board or commission for the lease or sale of goods or services with a value of more than \$10,000 during the current calendar year; and
- A new position in a political action committee, ballot question committee, party committee, or non-profit or for profit organization.

Please call the Commission staff 207-287-4179 if you have any questions.

Thank you for your cooperation!

Part 1. Income from Employment by Another							
None. Check this box if you did not have income from employment by another.							
Name of Employer	Address	Principal Type of Economic of Business Activity of Employet	Phil dou				
	State House	Government	Legislator				
Maine State Legislature	Augusta, ME	Government					
			A 27 pt 1 pt				
Part 2 Income from Self	63753,018 (1.52 p. 1199 1.53 til Strock Strokk i 1192 p. 11 p. 15 p.						
☐ None. Check this box	if you did not have income fro						
Name of Your Business/Trade	Name of the second of the seco	kesan	Principal Type of Economic of Business Advity				
Karen Vachon Health	Market 25,000an	Ave, Scarbornigh	Licensed First Agent				
Marsh Adendry Inga		· ME	· · · · · · · · · · · · · · · · · · ·				
	No. 10 Percent						
Name of Client or Customer if (see Instructions)	required Ad	Jess Distriction	Tringpel Type of Economic sor Business Activity of Alent				
		A state of the sta					
Part 3. Business Entitie	,						
TO SEE AND SEE STANDARD SEE SEE STANDARD SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	19,90.00.000.000.000.000.000.000.000.000.	mily did not own or control	more than 5% of any business.				
Name of Business	Ad	dress	Principal Type of Economics or Business Activity				
		Deal Pul					
Russell's Gard	en the 397 Boston	d HA	sarden Center				
Part A. Income from the	reference on Law (if you did not have income fi	rom the practice of law.					
Name of Practice of Firms		, Kaipr Areas — J. J. Timis Majo	Areas Position: Partier				
		Practice of Pract					
		AMERICA ACTION OF THE PROPERTY					
	1						

Rart 5: Income from Any Other Source	ave income from any other source	
☐ None: Check this box if you did not h	ave income from any other source.	
Name of Source	Addless:	Description of Income
· ·		
	No. of the state o	
Part 6:A: Compensation Income of Im	mediate Family Members	
☐ None. Check this box if no members employment or compensation.	of your immediate family received	income of \$2,000 of more from
+Name and Job Title (do not list name of dependent child)	Employers Name and Address	Principal Type of Economic or Business Activity of Employer
	I an co totegrated	
Peter Vachon birector	Lanco Integrated 12 Thomas DV. Westbrook, ME	Engineering mation
	Add Male Section and the 1990 Male Section 2007 Process Control of the Section 2007 Process Control of	
Part 6-B, Other Sources of Income of	Immediate Family Members	
None. Check this box if no member other source.	s of your immediate family received	income of \$2,000 or more from any
Name of Spouse or Partner	Source of Income	Type of locome
(do not list name of dependent child)	Name and Address	
New Market		,

Part.7, Loans					
None. Check this box if you did not have rep	oortable liabilities.				
Lender's Name	(Lender's Address	Principal Type o Business Activ			
<u> </u>					
Part 8. Gifts, Including Travel and Accommo	A STATE OF THE STA				
☐ None. Check this box if you did not receive	any gifts.				
Source of Gift 1.	2.	Source of Gift			
state of Maine Legislature se	pt 29				
3.	4.				
Part 9. Honoraria					
質 None. Check this box if you did not receive	honoraria.				
Source of Honoraria		Source of Honorada			
† .	2.				
3.	4.		·		
Part 10 Positions in Political Action, Ballot 9					
None. Check this box if you and your immediate family were not a treasurer; or principal officer, decision-maker or fundraiser of a PAC, BQC, or Party Committee.					
Name of Committee Name of	Official or Family Memb	er Title			
1.					
2.					
3.					

Pant 41. Conducting Business with	State Agencies			
None. Check this box if neither ye		ate family did busine	ss with any State a	gency;
Name of Agency	Name of Individu Selling Good		Description of G	ood or Services
	Semile Service			
A STATE OF THE STA	military poly y day darket alternations have been properly or the control of the			
			VZAC METATO TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL	
Part 12. Representing Others Befo	ore State Agencies			Ctata
None. Check this box if neither y	ou nor your immedi			
Name of Agency		Name of Indi	vidual Receiving C	ompensation
/Aug				
Part: (3, Positions in For-Profit an				
None. Check this box if you and non-profit organizations.	members your imm	lediate family did not	t hold positions in a	ny for-profit or
Organization/Business		Name of Position	Relationship to	Compensated
and Address	Title	Hölder	Legislator	Yes/No
Lanco Integrated stock of the state of the s	trustee	Trusteen	□ Self ເo Spouse □ Dependent	No
			jx Self	N. F. Land
Russell's Garden waylangcentermy,	Board of Diretors	Vachon		150
Scarborough Communication Scarborought	3 and Gredin	Caren	b Self □ Spause □ Dependent	No
	SIGN	ATTURE		
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.	THIS REPORT A	ND TO THE BEST C)E.WA KNOMFEDO	SE IT IS TRUE,
Kalen R. Wa Signature	le-		1/8	19/2019
Signature		**************************************	7 [ate

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))